

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

PROGRESS SHEET

☒ SURFACE WATER

☐ GROUND WATER

NAME Robert V. Rees				TELEPHONE NO. (509) 928-8496	
ADDRESS 821 S. Harmony P.O. Box 506		CITY Greenacres Medical Lake		STATE WA	ZIP CODE 99016 99022
ASSIGNED TO		TELEPHONE NO.		DATE ASSIGNED	
ADDRESS		CITY		STATE	ZIP CODE
APPLICATION NO. S3-30279 2146137		PERMIT NO.		CERTIFICATE NO.	
DATE AMENDED		DATE CANCELLED		W.R.I.A. 34	
APPLICATION					
DATE APPLICATION RECEIVED February 25, 2000		INITIAL \$10.00 FEE RECEIVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE FEE RECEIVED February 25, 2000	
STATEMENT OF ADDITIONAL EXAMINATION FEE \$		DATE SENT		DATE RECEIVED	
DATE RETURNED FOR COMPLETION OR CORRECTION				DATE RECEIVED	
TEMPORARY PERMIT					
APPROVED BY				DATE ISSUED	
The Spokesman Review				PUBLICATION	
APPROVED BY		DATE APPROVED		DATE NOTICE SENT	
PROTESTED BY & DATE					
DATE AFFIDAVIT RECEIVED					
CHECKED BY	TIME EXPIRED	DATE AMENDED NOTICE SENT		DATE AFFIDAVIT RECEIVED	TIME EXPIRED
DEPARTMENT OF FISH & GAME REPORT					
APPROVED		PROVISO		PROTEST	
EXAMINATION					
DATE EXAMINATION MADE	MADE BY	DATE REPORT OF EXAM. WRITTEN		WRITTEN BY	CHECKED BY
DATE PERMIT FEE REQUESTED		AMOUNT DUE		DATE RECEIVED	
PERMIT					
PERMIT APPROVED BY		DATE APPROVED		PERMIT NO.	DATE ISSUED
BEGINNING OF CONSTRUCTION					
DATE NOTICE SENT		DATE FILED		EXTENSION FEE	
EXTENDED TO			EXTENDED TO		
WELL DRILLER'S AND/OR CONSTRUCTION REPORT					
DATE SENT			DATE FILED		
COMPLETION OF CONSTRUCTION					
DATE NOTICE SENT		DATE FILED		EXTENSION FEE	
EXTENDED TO			EXTENDED TO		
PROOF OF APPROPRIATION					
DATE SENT		DATE FILED		EXTENSION FEE	EXTENDED TO
DATE CERT. FEE REQUESTED	AMOUNT DUE	DATE RECEIVED	DATE APPROVED FOR CERTIFICATE		APPROVED BY
CERTIFICATION					
PROOF EXAM REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		CERTIFICATE NUMBER		DATE ISSUED	

CC: State Health Dept.
Spokane County Health
Fish and Wildlife/Hal Beecher

Silver Lake - WRIA 34 PALOUSE